

Louisiana Regional HIV/AIDS Surveillance Report

*Characteristics and Trends of
Reported HIV and AIDS Cases*

2001



Region VI: Alexandria Region

HIV/AIDS Surveillance
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Regional Epidemiologic Profile

Region VI: Alexandria Region

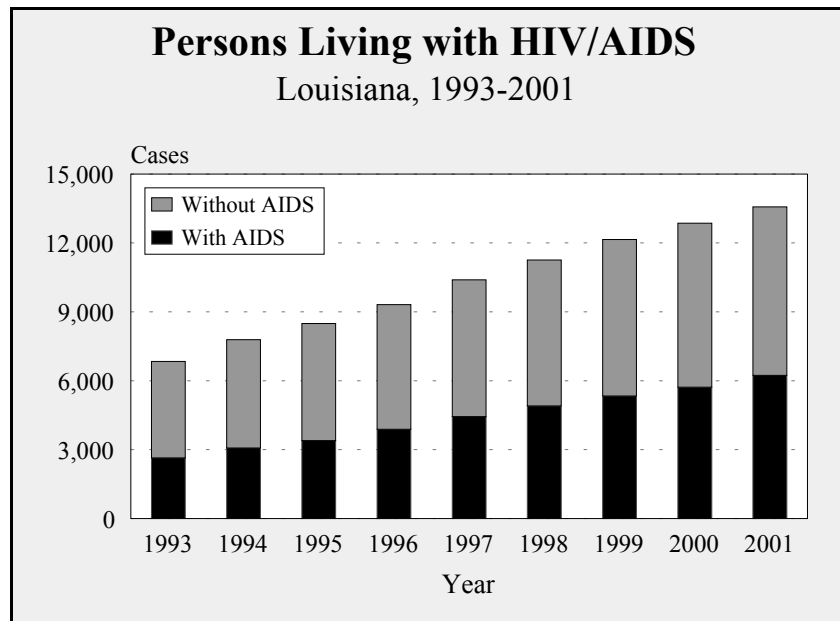
This profile summarizes the status of the HIV/AIDS epidemic in the Alexandria region for cases diagnosed through 2001 and reported through May, 2002. Please refer to the technical notes (page 16) for information on the interpretation of HIV data.

The following are highlights of this year's report for Region VI:

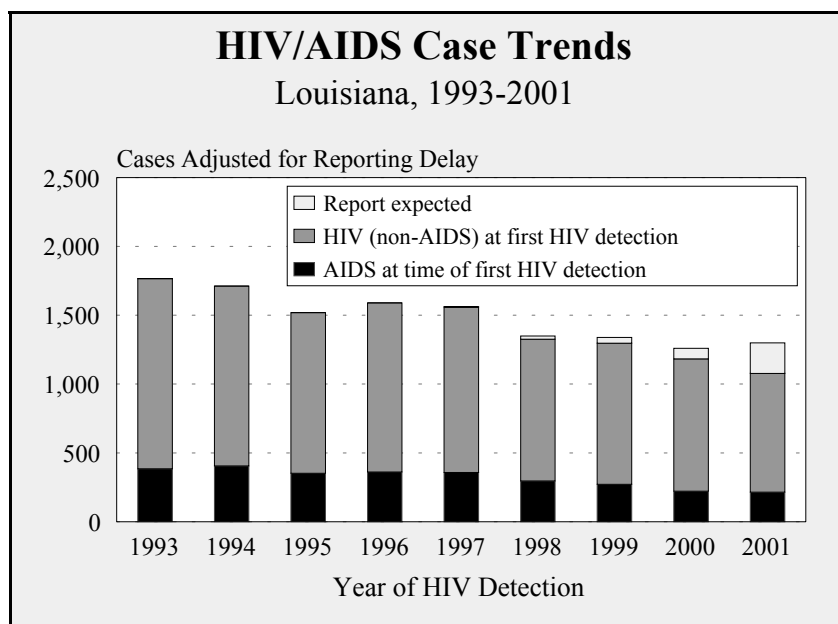
- In 2001, the Alexandria region had the 3rd highest HIV/AIDS rate in the state (21 cases out of every 100,000 persons).
- Through 2001, the cumulative number of persons detected and reported with HIV infection was 881 in Region VI, of which 510 have been diagnosed with AIDS.
- In 2001 alone, 62 new cases of HIV infection were detected and 35 new AIDS cases were diagnosed. All of the regions, except for Region III, had an increase in the number of newly-diagnosed HIV/AIDS cases in 2001.
- By the end of 2001, there were 591 persons living with HIV/AIDS in Region VI. The number of persons living with HIV/AIDS continues to increase each year.
- In 2001, 79% of the newly-diagnosed HIV/AIDS cases in the region were African-American. Consistent with all 9 regions in the state, African-American men had the highest HIV/AIDS rate in the Alexandria region. Fifty-eight out of every 100,000 African-American men in Region VI were diagnosed with HIV/AIDS in 2001.
- Women continue to represent an increasing proportion of newly-diagnosed HIV/AIDS cases statewide. In 2001, the proportion of women newly-diagnosed with HIV/AIDS in the Alexandria region was 37%, compared to 19% in 1993.
- Although the number of new HIV/AIDS cases attributed to men who have sex with men (MSM) has been decreasing throughout the state, the epidemic in MSM remains the largest of all transmission groups in Louisiana. Statewide in 2001, 43% of all cases with a specified risk for exposure were attributed to MSM exposure; in the Alexandria region 35% of all HIV/AIDS cases, for which a risk was specified, occurred among MSM, and 35% occurred among high-risk heterosexuals. Overall, it is estimated that the number of newly-diagnosed HIV/AIDS cases among MSM decreased in the Alexandria region in 2001.
- Statewide, 151 HIV-infected women gave birth in 2001, 19 of these women resided in Regions VI, VII, and VIII. Ninety-four percent (94%) of HIV-infected pregnant women received AZT in Regions VI, VII and VIII, which is the same as the percent of HIV-infected women who received AZT statewide.

As the HIV/AIDS epidemic continues in persons at high risk and expands in persons who may not recognize their risk (e.g. women, sexual partners of persons at high risk), health care providers can play an important role in preventing HIV/AIDS. Physicians, nurses, and other health care workers should talk to every patient about his/her sexual behavior and recommend specific steps to decrease risky behavior, including reducing the number of sexual partners and using condoms routinely. As AIDS is still an incurable disease, the few minutes spent in this counseling can save more lives than all medical interventions that are available.

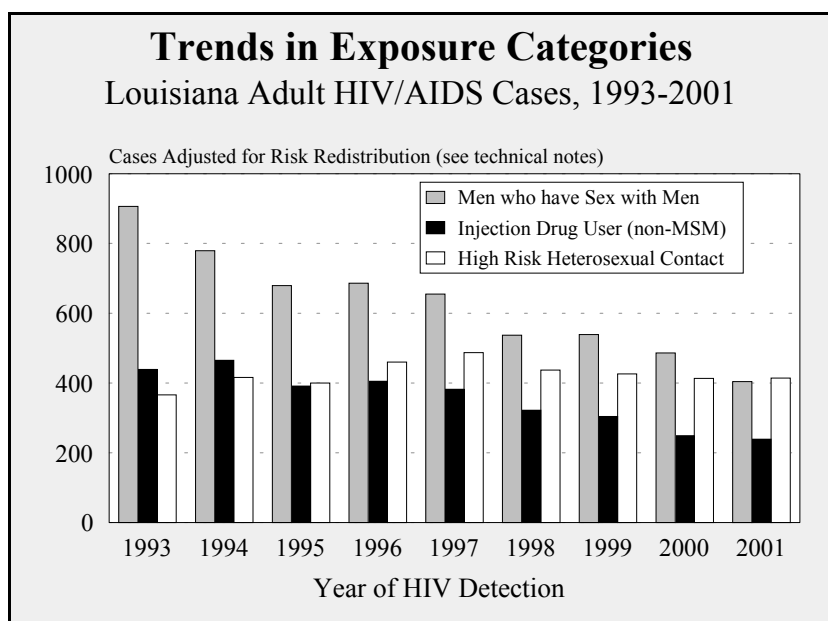
Public Health Regions		
<u>Region</u>	<u>Area</u>	<u>Parishes</u>
I	New Orleans	Jefferson, Orleans, Plaquemines, St. Bernard
II	Baton Rouge	Ascension, East Baton Rouge, East Feliciana, Iberville, Ponte Coupee, West Baton Rouge, West Feliciana
III	Houma	Assumption, Lafourche, St. Charles, St. James, St. John the Baptist, St. Mary, Terrebone
IV	Lafayette	Acadia, Evangeline, Iberia, Lafayette, St. Landry, St. Martin, Vermillion
V	Lake Charles	Allen, Beauregard, Calcasieu, Cameron, Jefferson Davis
VI	Alexandria	Avoyelles, Catahoula, Concordia, Grant, La Salle, Rapides, Vernon, Winn
VII	Shreveport	Bienville, Bossier, Caddo, Claiborne, De Soto, Natchitoches, Red River, Sabine, Webster
VIII	Monroe	Caldwell, East Carroll, Franklin, Jackson, Lincoln, Madison, Morehouse, Ouachita, Richland, Tensas, Union, West Carroll
IX	Hammond/Slidell	Livingston, St. Helena, St. Tammany, Tangipahoa, Washington



- The number of persons living with HIV continues to increase each year. At the end of 2001, 13,565 persons were known to be living with HIV/AIDS in Louisiana, of whom 6,236 (46%) had progressed to AIDS. This trend is largely due to the introduction of effective drug treatment and therapies, which delay the progression from HIV to AIDS and AIDS to death.



- In 2001, 1,078 new HIV/AIDS cases were detected statewide. Since 1993, the number of newly-detected HIV/AIDS cases has decreased by over a third, from 1,766 cases detected in 1993 to 1,078 cases detected in 2001.
- Of the newly detected cases in 2001, 22% were diagnosed with AIDS at the time of first HIV-detection.



- The largest proportion of cases detected in 2001 (38%) were attributed to heterosexual contact, after adjusting for unreported risk.
- Cases among MSM, including MSM/IDU accounted for 37% of all cases detected in 2001; however nearly half of all persons living with HIV in Louisiana (48%) may have been exposed to the virus through male-male sexual contact.

STATEWIDE

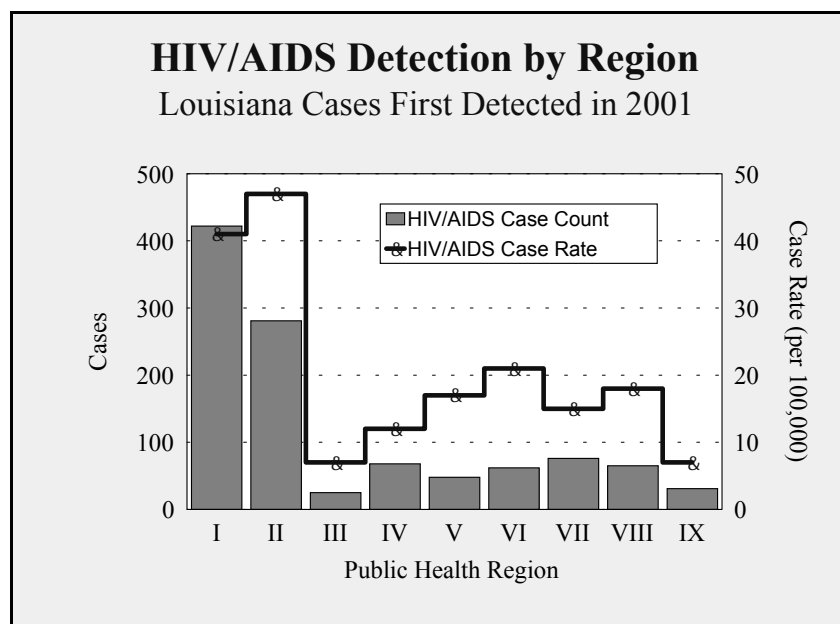
Louisiana HIV/AIDS Cases and Case Rates by Parish

PARISH	AIDS DX ^a in 2001	HIV/AIDS Detected in 2001	HIV/AIDS Detection Rate, 2001 ^b	Cum HIV/AIDS Cases ^c	PARISH	AIDS DX ^a in 2001	HIV /AIDS Detected in 2001	HIV/AIDS Detection Rate, 2001 ^b	Cum HIV/AIDS Cases ^c
Statewide	858	1,078	24	21,584	Region VI	35	62	21	881
Region I	343	422	41	10,604	Avoyelles	6	10	24	193
Jefferson	68	93	20	1,844	Catahoula	2	4	n/a	22
Orleans	271	321	66	8,563	Concordia	2	3	n/a	43
Plaquemines	0	2	n/a	42	Grant	3	6	32	30
St. Bernard	4	6	9	155	La Salle	0	1	n/a	7
Region II	237	281	47	4,228	Rapides	17	33	26	444
Ascension	9	14	18	148	Vernon	2	3	n/a	72
East Baton Rouge	185	230	56	3,371	Winn	3	2	n/a	70
East Feliciana	10	9	42	117	Region VII	56	76	15	1,285
Iberville	14	15	45	231	Bienville	0	2	n/a	18
Pointe Coupee	5	3	n/a	59	Bossier	6	6	6	132
West Baton Rouge	4	6	28	115	Caddo	34	53	21	885
West Feliciana	10	4	n/a	187	Claiborne	6	2	n/a	58
Region III	27	25	7	644	De Soto	4	6	24	34
Assumption	0	0	n/a	29	Natchitoches	2	4	n/a	80
LaFourche	4	3	n/a	101	Red River	0	0	n/a	9
St. Charles	2	2	n/a	92	Sabine	1	1	n/a	23
St. James	3	0	n/a	57	Webster	3	2	n/a	46
St. John the Baptist	2	3	n/a	84	Region VIII	51	65	18	946
St. Mary	3	4	n/a	94	Caldwell	1	1	n/a	16
Terrebone	13	13	12	187	East Carroll	5	9	96	36
Region IV	49	68	12	1,281	Franklin	0	0	n/a	22
Acadia	8	9	15	104	Jackson	1	0	n/a	16
Evangeline	3	4	n/a	46	Lincoln	1	1	n/a	67
Iberia	6	9	12	109	Madison	4	7	51	63
Lafayette	14	20	10	639	Morehouse	3	1	n/a	60
St. Landry	14	14	16	211	Ouachita	30	35	24	534
St. Martin	2	8	16	87	Richland	4	7	33	52
Vermilion	2	4	n/a	85	Tensas	1	2	n/a	29
Region V	34	48	17	859	Union	1	0	n/a	33
Allen	4	2	n/a	141	West Carroll	0	2	n/a	18
Beauregard	3	3	n/a	60	Region IX	26	31	7	856
Calcasieu	23	39	21	595	Livingston	4	7	8	123
Cameron	1	1	n/a	8	St. Helena	0	0	n/a	10
Jefferson Davis	3	3	n/a	55	St. Tammany	9	10	5	353
					Tangipahoa	6	10	10	190
					Washington	7	4	n/a	180

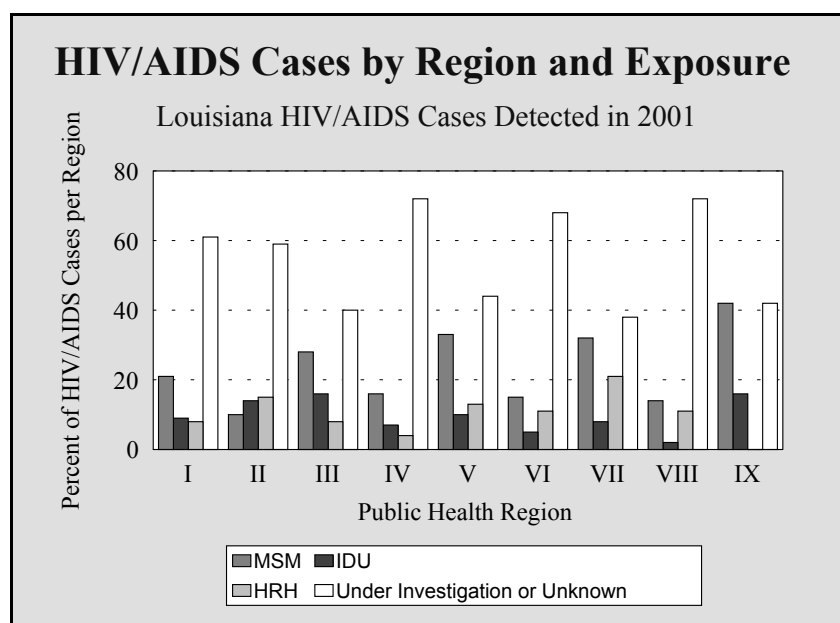
^a DX—Diagnosed with AIDS. AIDS diagnoses will be included in counts of HIV/AIDS detection (2nd column) for persons first detected with HIV at an AIDS diagnosis; therefore numbers from the two columns should not be added.

^b Rates per 100,000 persons in parish. Rates are unstable and not available (n/a) for parishes with low case counts.

^c Cumulative HIV/AIDS may be interpreted as minimum number of cases reported in parish.



- The New Orleans region had the highest number of HIV/AIDS cases detected in 2001 and the Baton Rouge had the highest HIV/AIDS detection rates (number of cases per population in the region). Region VI had the 3rd highest rate and the 6th highest number of newly-detected cases in 2001.



- In Region VI, which is similar to every region of the state except the Baton Rouge region, the largest proportion of newly-detected cases in 2001, with an identified exposure, were attributed to MSM exposure. Statewide, MSM accounted for the largest proportion of cases with an identified exposure. In the Baton Rouge region, both injection drug use and high-risk heterosexual contact accounted for larger percentages of the newly-detected cases than did male-male sexual contact.

REGION VI, HIV DATA

Characteristics of HIV-Infected Persons (HIV/AIDS)^a

Region VI: Alexandria Region

Persons with HIV/AIDS First Detected in 2001			Persons Living with HIV/AIDS		
<i>These columns reflect persons with HIV infection (HIV/AIDS) whose positive status was first detected in 2001 through confidential testing. Some of these persons may have been diagnosed with AIDS at the time HIV was first detected; therefore, this column does not reflect new cases of HIV infection but rather new cases of HIV detection.</i>			<i>This column reflects the <u>minimum</u> number of persons living with HIV/AIDS by the end of 2001. This column includes persons living with AIDS.</i>		
Statewide			Region VI		
Cases	Percent ^b		Cases	Percent ^b	Cases Percent ^b
TOTAL	1,078	100%	62	100%	591 100%
Gender					
Men	689	64%	39	63%	437 74%
Women	389	36%	23	37%	154 26%
Ethnicity					
African-American	796	74%	49	79%	375 63%
White	243	23%	12	19%	175 30%
Other	33	3%	0	0%	37 6%
Unknown	6	1%	1	2%	4 1%
Age Group					
	Age at HIV Detection		Age at HIV Detection		Age at End of 2001
Under 13	10	1%	1	2%	6 1%
13-24	219	20%	14	23%	47 8%
25-34	285	26%	21	34%	172 29%
35-44	316	29%	13	21%	224 38%
Over 44	248	23%	13	21%	142 24%
Exposure Group^c					
MSM ^d	189	43%	7	35%	138 34%
IDU ^d	107	24%	3	15%	102 25%
MSM and IDU	14	3%	2	10%	41 10%
HRH ^d	121	27%	7	35%	105 26%
Trans/Hemo	2	1%	0	0%	8 2%
Perinatal	10	2%	1	5%	8 2%
Unspecified ^e	635	59%	42	68%	189 32%
Urban/Rural Parishes					
Urban	929	86%	33	53%	279 47%
Rural	149	14%	29	47%	312 53%

^a HIV data collection started in 1993. Positive results of anonymous tests are not included due to the likelihood of repeated tests.

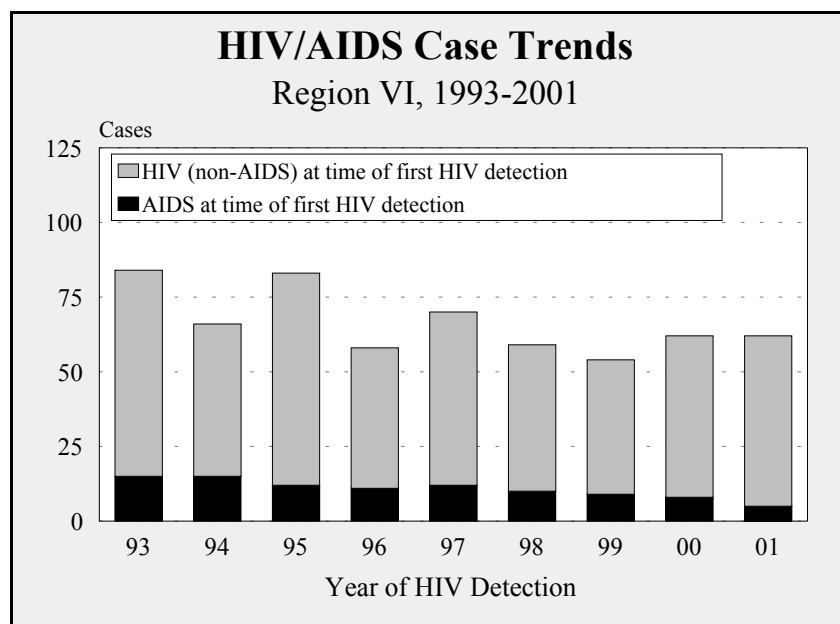
^b Percentages might not add up to 100% due to missing values and rounding errors.

^c Percents for identified exposure groups represent the distribution among those with a specified exposure.

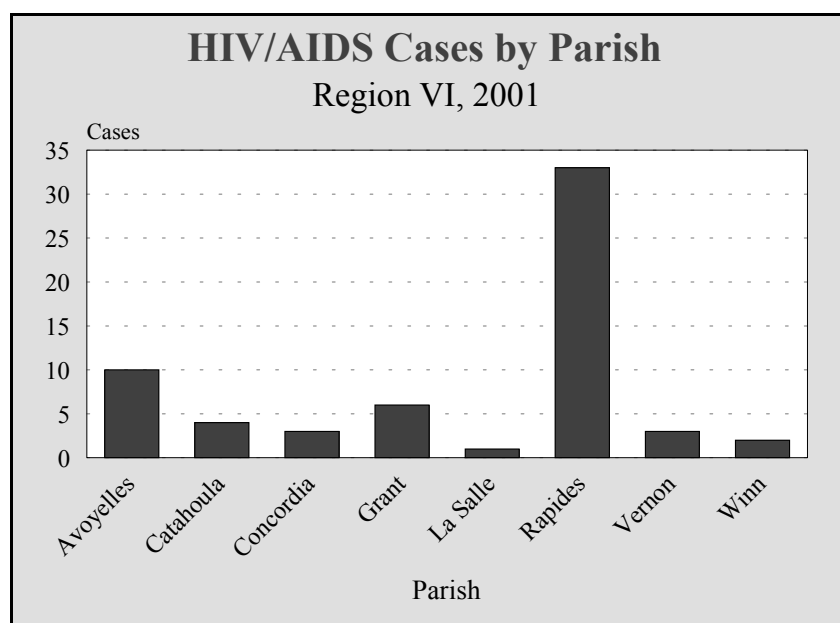
^d MSM: Men who have Sex with Men (non-IDU); IDU: Injection Drug Users; HRH: High-Risk Heterosexual.

^e Unspecified Exposure refers to cases whose exposure group is under investigation or unknown.

REGION VI, HIV DATA

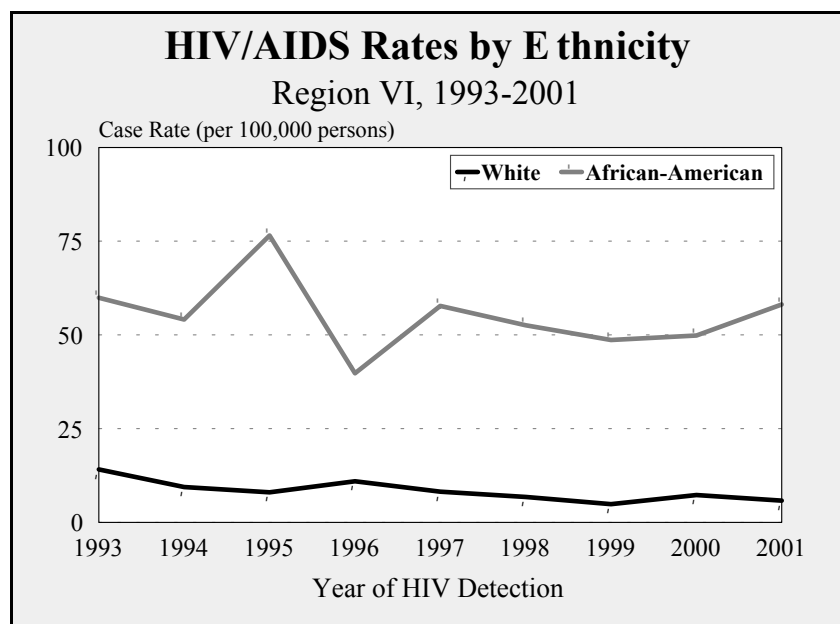


- From 2000 to 2001, the number of newly-detected cases in Region VI remained stable. Of the persons who were detected with HIV in Region VI in 2001, 8% were diagnosed with AIDS at the time of first HIV detection.

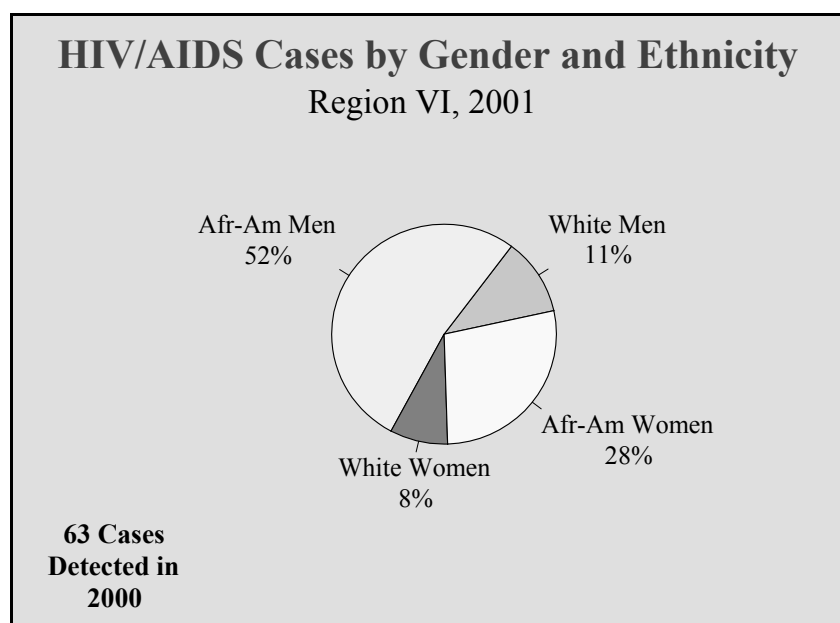


- Of all the parishes in Region VI, Rapides parish had the highest number of newly-detected cases in 2001. Thirty-three of the 62 cases detected in Region VI in 2001 were detected among persons living in Rapides parish.

REGION VI, HIV DATA

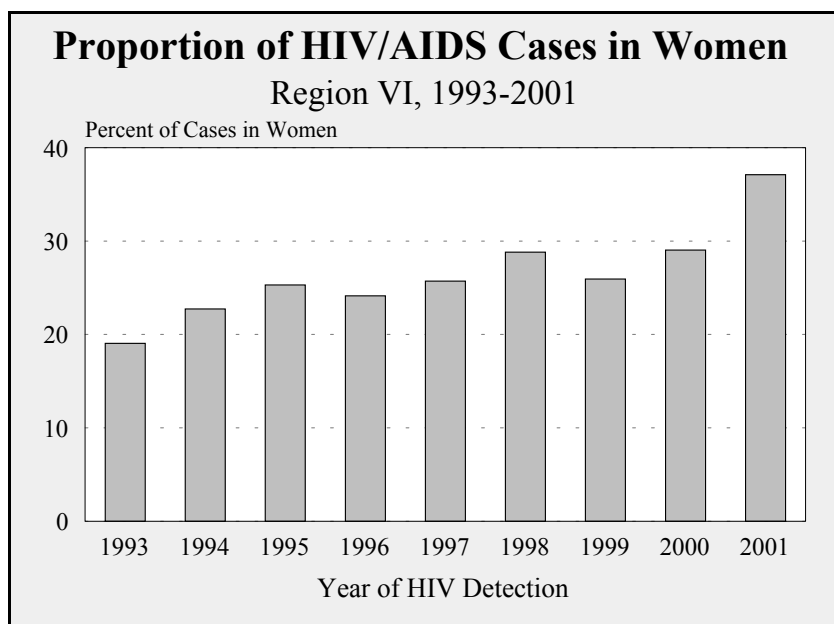


- From 1993 to 2001 rates in African-Americans were consistently higher than rates in whites. Year-to-year differences should be interpreted with caution due to small sample sizes.

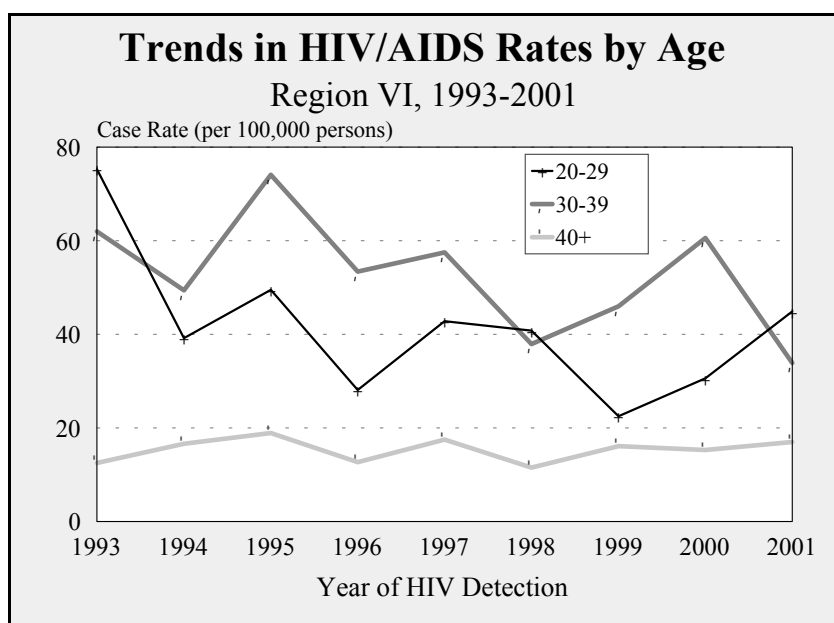


- Fifty-two percent (52%) of newly-detected cases in 2001 were among African-American men, and 28% of newly-detected cases were among African-American women.

REGION VI, HIV DATA

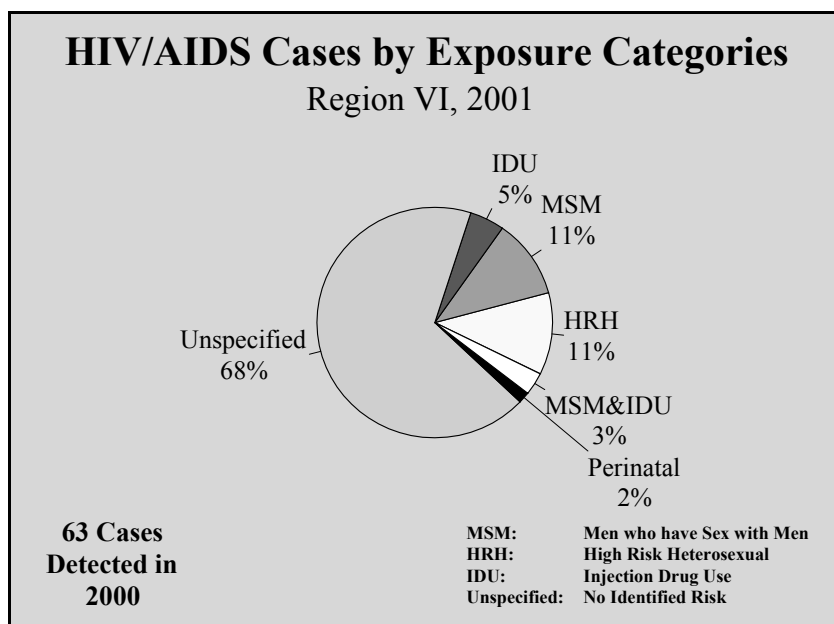


- From 2000 to 2001, there was an increase in the percent of new cases among women in Region VI. Thirty-seven percent (37%) of newly-detected cases in 2001, in Region VI, were among women, compared to 29% in 2000. Statewide in 2001, 36% of newly-detected cases were among women.

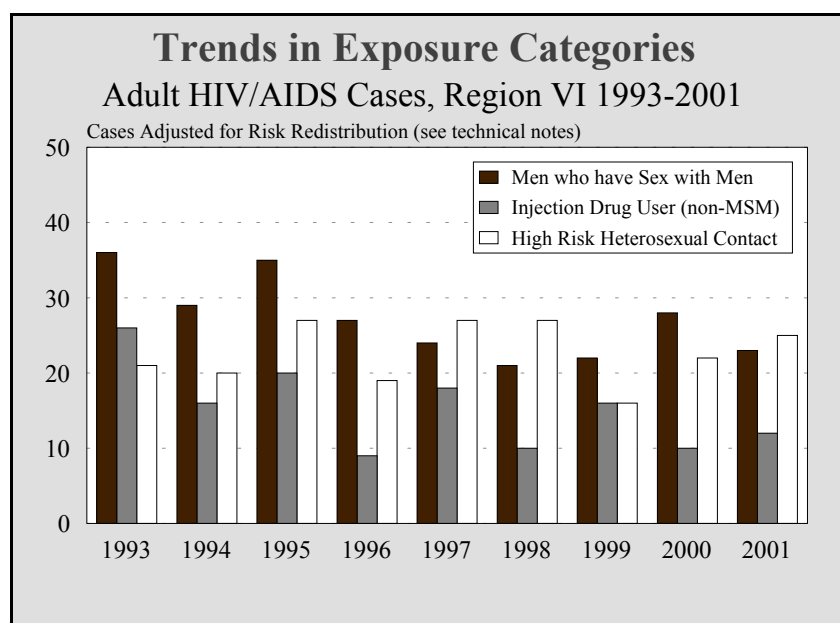


- In 2001, the rate of newly-detected cases among persons 20 to 29 years of age surpassed that of persons 30 to 39 years of age. Rates among persons 40+ have remained relatively stable.

REGION VI, HIV DATA



- In 2001, 68% of cases detected in Region VI were reported without any mode of exposure. Statewide in 2001, 59% of newly-detected cases were reported without any mode of exposure.

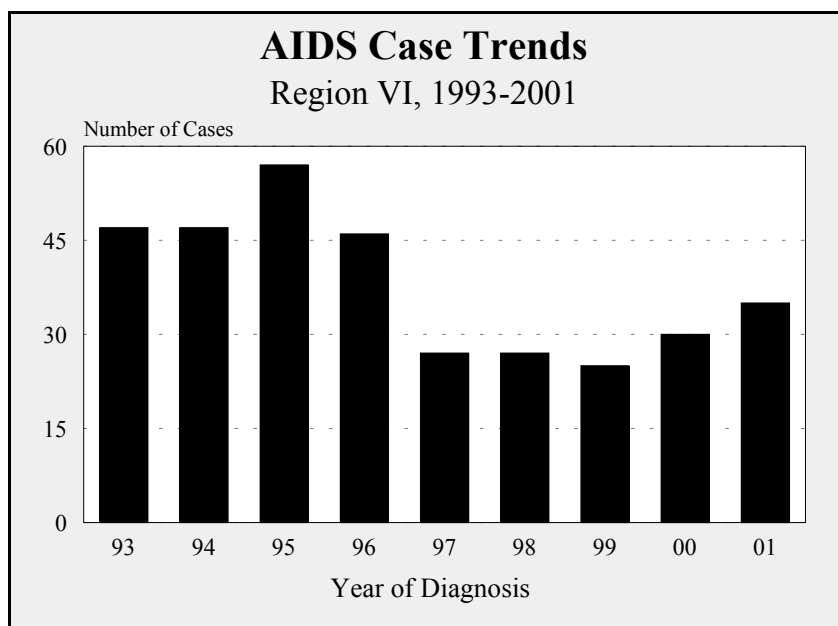


- After adjusting for unreported risk, the largest proportion of cases detected in 2001 (42%), in Region VI, were attributed to high-risk heterosexual contact.

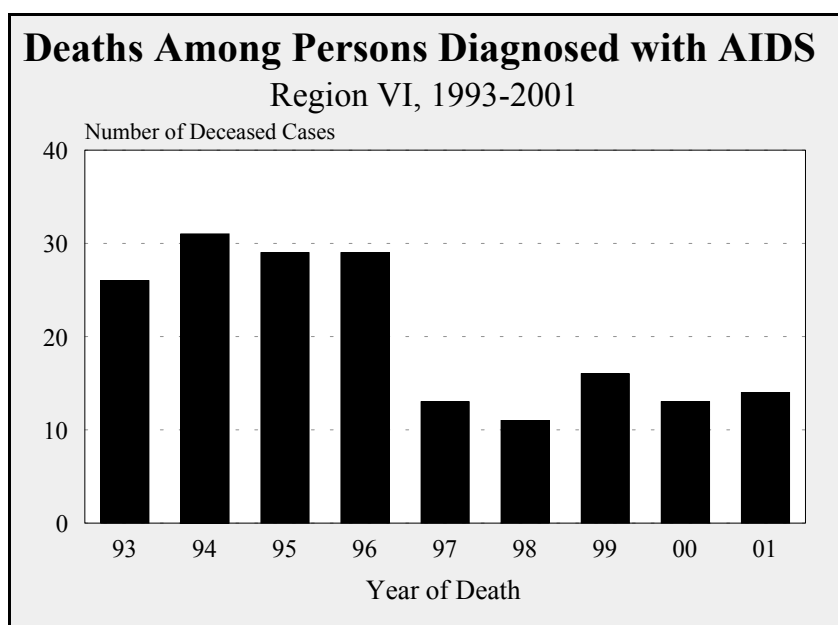
REGION VI, AIDS DATA

Characteristics of AIDS Cases Region VI: Alexandria Region				
	<u>AIDS Cases Diagnosed in 2001</u>		<u>Cumulative AIDS Cases</u>	
	<u>Cases</u>	<u>Percent^a</u>	<u>Cases</u>	<u>Percent^a</u>
TOTAL	35	100%	512	100%
Gender				
Men	23	66%	419	82%
Women	12	34%	93	18%
Age Group				
Under 13	0	0%	2	<1%
13-24	1	3%	39	8%
25-34	11	31%	186	36%
35-44	14	40%	181	35%
45+	9	26%	104	20%
Ethnicity^b				
African-American	26	74%	272	53%
White	9	26%	222	43%
Hispanic	0	0%	17	3%
Other	0	0%	1	<1%
Ethnicity^b and Gender				
Af-Am Men	17	49%	207	40%
White Men	6	17%	195	38%
Hispanic Men	0	0%	16	3%
Other Men	0	0%	1	<1%
Af-Am Women	9	26%	65	13%
White Women	3	9%	27	5%
Hispanic Women	0	0%	1	<1%
Other Women	0	0%	0	0%
Exposure Category^c				
MSM	6	40%	177	42%
IDU	3	20%	91	22%
MSM and IDU	2	13%	42	10%
HRH	4	27%	83	20%
Trans/Hemo	0	0%	25	6%
Perinatal	0	0%	4	<1%
<i>Unspecified</i>	20	57%	90	18%
Urban/Rural Parishes				
Urban	17	49%	265	52%
Rural	18	51%	247	48%
Facility Type				
Public	25	71%	364	72%
Private	10	29%	143	28%
^a Percentages might not add up to 100% due to missing values and rounding errors. ^b Cases and rates by ethnicity do not include cases whose race/ethnicity is unknown. ^c MSM = Men who have Sex with Men; IDU = Injection Drug User; HRH = High-Risk Heterosexual; Unspecified = Still under investigation or unknown. See technical notes for further explanation.				

REGION VI, AIDS DATA

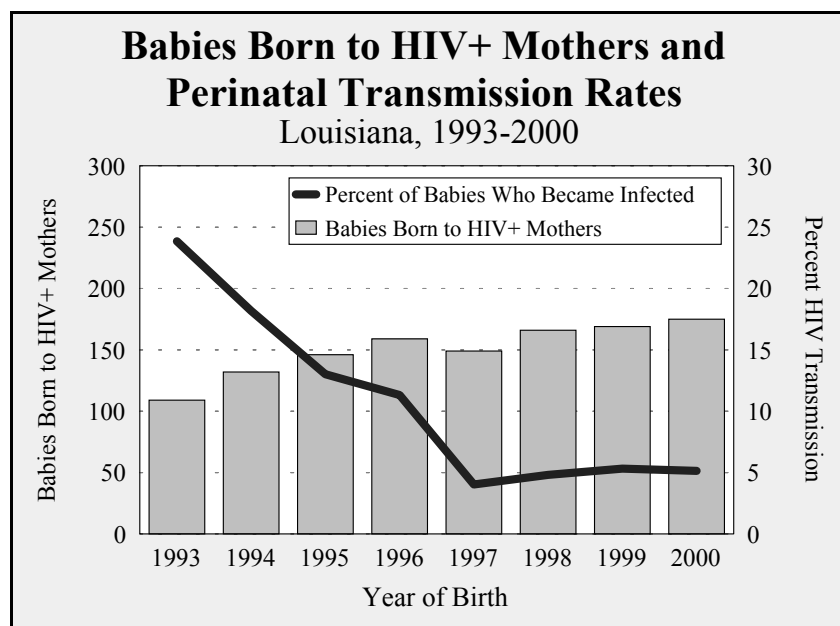


- From 1999 to 2001, in Region VI, there was an increase in the number of new AIDS cases.

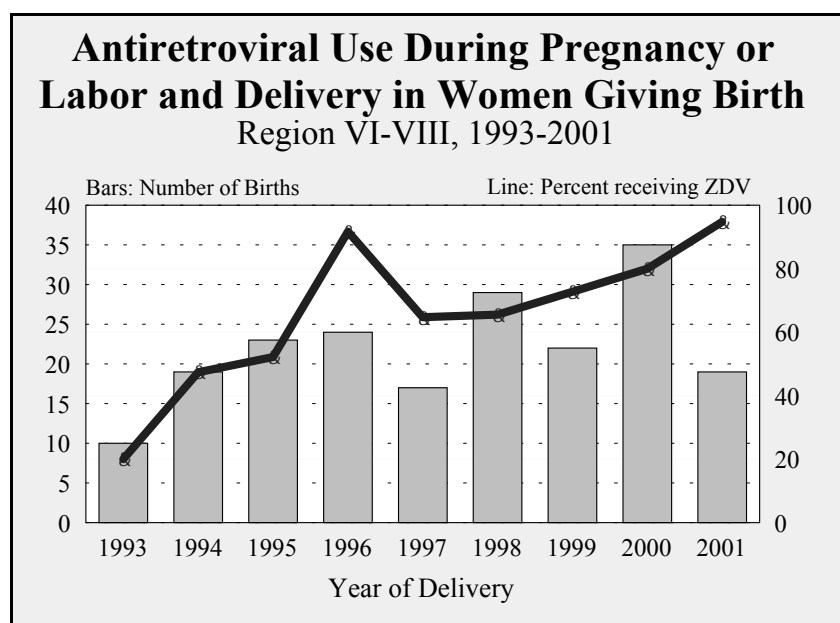


- Since 1999, there has been an increase in the number of deaths among persons diagnosed with AIDS in Region VI. Deaths among persons diagnosed with AIDS in Region VI represent 4% of AIDS-related deaths statewide.

REGION VI, PERINATAL DATA



- Perinatal transmission rates dropped dramatically from 1993 to 1997 with the introduction and widespread use of antiretrovirals during pregnancy, labor and delivery, and to the baby after birth. In recent years, the perinatal transmission rates have remained fairly stable. However, the number of HIV-infected babies will continue to increase as the number of babies born to HIV-infected mothers rises due to growing numbers of women living with HIV.



- As of May 2002, 151 HIV-infected women were reported to have given birth in 2001 statewide; 19 of these women resided in Regions VI, VII and VIII. Ninety-four percent (94%) of HIV-infected pregnant women received AZT in Regions VI, VII, and VIII, which is the same as the percent of HIV-infected women who received AZT statewide.

TECHNICAL NOTES

Interpretation of HIV Detection Data

Because antiretroviral treatment regimens are initiated earlier in the course of HIV infection than previous treatments, effective therapies postpone and/or prevent the onset of AIDS, resulting in a decrease in AIDS incidence. Consequently, recent incident AIDS data can no longer provide the basis of HIV transmission estimates and trends, and the dissemination of surveillance data has moved toward placing heavier emphasis on the representation of HIV-positive persons. Throughout this report, all AIDS data are depicted by characteristics at year of AIDS diagnosis under the 1993 AIDS case definition, whereas HIV data are characterized at year of HIV detection (earliest positive test reported to the health department).

HIV detection data are not without limitations. Although HIV detection is usually closer in time to HIV infection than is an AIDS diagnosis, data represented by the time of HIV detection must be interpreted with caution. Unlike AIDS data where the date of diagnosis is relatively precise for monitoring AIDS incidence, HIV detection trends do not accurately depict HIV transmission trends. This is because HIV detection data represent cases who were reported after a positive result from a confidential HIV test, which may first occur several years after HIV infection. In addition, the data are under detected and under reported because only persons with HIV who choose to be tested confidentially are counted. HIV detection counts do not include persons who have not been tested for HIV and persons who only have been tested anonymously.

Therefore, HIV detection data do not necessarily represent characteristics of persons who have been recently infected with HIV, nor do they provide true HIV incidence. Demographic and geographic subpopulations are disproportionately sensitive to differences and changes in access to health care, HIV testing patterns, and targeted prevention programs and services. All of these issues must be carefully considered when interpreting HIV data.

Definitions of the Exposure Categories

For the purposes of this report, HIV/AIDS cases are classified into one of several hierarchical exposure (risk) categories, based on information collected. Persons with more than one reported mode of exposure to HIV are assigned to the category listed first in the hierarchy. Definitions are as follows:

- **Men who have Sex with Men (MSM):** Cases include men who report sexual contact with other men, i.e. homosexual contact or bisexual contact.
- **Injection Drug User (IDU):** Cases who report using drugs that require injection - not other route of administration of illicit drug use at any time since 1978.
- **High-Risk Heterosexual Contact (HRH):** Cases who report specific heterosexual contact with a person who has HIV or is at increased risk for HIV infection, e.g. heterosexual contact with a homosexual or bisexual man, heterosexual contact with an injection drug user, or heterosexual contact with a person known to be HIV-infected.
- **Hemophilia/Transfusion/Transplant (Hemo/Transf):** Cases who report receiving a transfusion of blood or blood products prior to 1985.
- **Perinatal:** HIV infection in children resulting from transmission from an HIV+ mother to her child.

- **Unspecified:** Cases who, at the time of this publication, have no reported history of exposure to HIV through any of the routes listed in the hierarchy of exposure categories. These cases represent logistical issues of surveillance and do not imply that modes of transmission other than sexual, blood, and perinatal are suspected. “Unspecified” cases include: persons for which the surveillance protocols to document the risk behavior information have not yet been completed and are still under investigation; persons whose exposure history is incomplete because they have died, declined risk disclosure, or were lost to follow-up; persons who deny any risk behavior; and persons who do not know the HIV infection status or risk behaviors of their sexual partners.

Case Definition Changes

The CDC AIDS case definition has changed over time based on knowledge of HIV disease and physician practice patterns. The original definition was modified in 1985¹. The 1987 definition² revisions incorporated a broader range of AIDS opportunistic infections and conditions and used HIV diagnostic tests to improve the sensitivity and specificity of the definition. In 1993, the definition was expanded³ to include HIV-infected individuals with pulmonary tuberculosis, recurrent pneumonia, invasive cervical cancer, or CD4 T-lymphocyte counts of less than 200 cells per ml or a CD4⁺ percentage of less than 14. A result of the 1993 definition expansion caused HIV-infected persons to be classified as AIDS earlier in their course of disease than under the previous definition. Regardless of the year, AIDS data are tabulated in this report by the date of the first AIDS defining condition in an individual under the 1993 case definition.

The case definition for HIV infection was revised in 1999⁴ to include positive results or reports of detectable quantities of HIV virologic (nonantibody) tests. The revisions to the 1993 surveillance definition of HIV include additional laboratory evidence, specifically detectable quantities from virologic tests. The perinatal case definition for infection and seroreversion among children less than 18 months of age who are perinatally exposed to HIV has been changed to incorporate the recent clinical guidelines and the sensitivity and specificity of current HIV diagnostic tests in order to more efficiently classify HIV-exposed children as infected or non-infected.

Adjustment and Estimation Techniques

The period of time between when a case is diagnosed and when it is reported (reporting delay) causes distortions in trends for recently diagnosed cases. Reporting delays were estimated using a maximum likelihood procedure, taking into account possible differences in reporting delays among exposure, geographic, ethnic, age, and gender categories. The estimated number of cases that will be reported are presented as “expected” cases. Adjustment programming was developed by CDC (HIV/AIDS Surveillance Report, 1994; 6(2): 37-38).

Recently reported cases, especially HIV (non-AIDS) cases, are more likely to be reported without a specified risk (exposure), thereby causing a distorting decrease among trends in exposure categories. Thus, proportions and graphic representation of trends among risk groups use estimated cases based on risk redistribution. This redistribution is based on preliminary national sex-and race- specific exposure classification distributions of previously unspecified HIV cases in the southern states. These redistribution parameters are similar to those based on national AIDS cases diagnosed prior to 1993 as well as those based on the distribution of specified cases in Louisiana.

¹ MMWR 1985; 34: 373-75.

² MMWR 1987; 36 [Supp no.1S]: 1S-15S.

³ MMWR 1992; 41[RR-17]: 1-19.

⁴ CDC 1999; 48[RR13]: 1-27.